

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936005  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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41						
42						
43	2					
44						
45						
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48						
49						
50						
TOTAL ID.						
TOTAL EP.						
TOTAL CLAIMS						

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				